

कौटुंबिक हिंसाचारापासून महिलांचे संरक्षण
अधिनियम २००५ व नियम २००६ च्या प्रभावी
अंमलबजावणीसाठी वैद्यकीय अधिकाऱ्यांची कर्तव्य
व त्या अनुषंगाने सूचना.

महाराष्ट्र शासन
सार्वजनिक आरोग्य विभाग
शासन परिपत्रक, क्रमांक: संकीर्ण २०१३/प्र.क्र. ३४३/आरोग्य ३
१० वा मजला, संकुल इमारत,
जी.टी. रुग्णालय आवार, मुंबई - ४०० ००९.
दिनांक: ४ सप्टेंबर, २०१३.

शासन परिपत्रक :

कौटुंबिक हिंसाचारापासून महिलांचे संरक्षण अधिनियम, २००५ आणि महिलांना कौटुंबिक हिंसाचारापासून संरक्षण नियम, २००६, दिनांक २६.१०.२००६ पासून अंमलात आलेले आहेत. कौटुंबिक हिंसाचारापासून महिलांचे संरक्षण अधिनियम, २००५ मधील कलम ९ मध्ये संरक्षण अधिकाऱ्याची कर्तव्ये विहीत करण्यात आली असून त्या अधिनियमातील कलम ९(जी) नुसार जर एखाद्या पिडीत महिलेस शारिरीक इजा झाली असेल तर त्या महिलेची वैद्यकीय तपासणी संरक्षण अधिकाऱ्याने करून घेऊन त्या अहवालाची प्रत न्यायदंडाधिकारी व पोलीस स्टेशनला पाठवावी, असे या अधिनियमातील तरतुदीनुसार अभिप्रेत आहे. याशिवाय सदरील अधिनियमातील कलम १०(१) मध्ये वैद्यकीय सेवा पुरविणाऱ्याला सेवा पोषणकर्ता (Service Provider) म्हणून विहीत करण्यात आले असून कलम १०(२)(ए) नुसार पिडीत महिलेची वैद्यकीय तपासणी करून घेतल्यानंतर त्या अहवालाची प्रत संरक्षण अधिकारी व पोलीस प्रशासनाला पाठविण्याची जबाबदारी वैद्यकीय अधिकाऱ्यावर सोपविण्यात आली आहे. एकुण कौटुंबिक हिंसाचारापासून महिलांचे संरक्षण अधिनियम, २००५ नुसार आरोग्य सेवा पुरविणाऱ्या पोषणकर्त्याची (Health Care Provider) सदरहु अधिनियमाची प्रभावी अंमलबजावणी करण्याच्या दृष्टीकोनातून फार महत्वाची भूमिका असून या अधिनियमाच्या प्रभावी अंमलबजावणी संदर्भात त्याच्यावर महत्वाची जबाबदारी टाकण्यात आलेली आहे. कौटुंबिक हिंसाचारासंदर्भात हाती घेण्यात आलेल्या अभ्यासानुसार कौटुंबिक हिंसाचाराचा पिडीत महिलेच्या मानसिक व भावनिक आरोग्यावर खोलवर आघात होऊन त्यातून अनेक स्वरूपाचे मानसिक आरोग्याचे प्रश्न निर्माण होतात व त्यामुळे सदरील प्रश्न हे काही वेळा पिडीत महिलेच्या आत्महत्येस कारणीभूत ठरतात. कौटुंबिक हिंसाचारांच्या प्रकरणात वैद्यकीय अधिकाऱ्यांची नेमकी नैतिक जबाबदारी (Ethical Responsibility) काय असावी याबाबत WHO कडून जी मार्गदर्शक तत्वे विहीत करण्यात आली आहेत त्यानुसार पिडीत महिलेचा शारिरीक इलाज करणे इतपत वैद्यकीय अधिकाऱ्यांची जबाबदारी मर्यादित नसून त्याव्यतिरिक्त त्या महिलेच्या मानसिक स्थितीची काळजी घेऊन तिच्या अनारोग्याचे (ill health) मुळ कारण शोधून तिला सुयोग्य अभिकर्त्याकडे (Appropriate Agencies) कडे पाठविण्याची जबाबदारी सुद्धा त्याच्यावर सोपविण्यात आलेली आहे. सर्वसाधारणपणे कौटुंबिक हिंसाचाराची घटना घडल्यानंतर पिडीत महिला तिच्या आरोग्यविषयक समस्यांचे निराकारण करण्यासाठी प्रथमतः वैद्यकीय अधिकाऱ्याकडे जाते व वैद्यकीय अधिकाऱ्यावर असलेल्या विश्वासापोटी त्या पिडीत महिलेकडून तिच्या प्रश्नाची जाण वैद्यकीय अधिकाऱ्याला चांगल्या प्रकारे होऊ शकते व त्या आधारे कौटुंबिक हिंसाचारातून उद्भवलेल्या आरोग्य विषयक समस्यांबाबतचा भरीव पुरावा वैद्यकीय अधिकाऱ्यांकडून तयार केला

जाऊ शकतो की ज्याचा उपयोग न्यायालयीन कार्यवाहीसाठी प्रभावीपणे होऊन पिडीत महिलेला उचित न्याय मिळण्यासाठी त्याची मदत होऊ शकेल. तेव्हा कौटुंबिक हिंसाचारापासून महिलांचे संरक्षण अधिनियम, २००५ च्या प्रभावी अंमलबजावणीमध्ये वैद्यकीय अधिकाऱ्यांची वरीलप्रमाणे नमूद केलेली प्रमुख भूमिका लक्षात घेऊन महिला व बाल विकास आयुक्तालयाने वैद्यकीय सुविधांशी संबंधित सर्व शासकीय व निमशासकीय संघटना/ सदस्यांशी चर्चा केल्यानंतर वैद्यकीय अधिकाऱ्यांचे सदरहु अधिनियमाच्या अंमलबजावणीच्या दृष्टीकोनातून काय कर्तव्य आहेत यासंदर्भात मार्गदर्शक तत्वे विहीत केली असून त्या मार्गदर्शक तत्त्वानुसार वैद्यकीय अधिकाऱ्यांनी कौटुंबिक हिंसाचारांच्या घटनांमध्ये कार्यवाही करणे अपेक्षित आहे. सदरील मार्गदर्शक तत्वे ही या परिपत्रकासोबत परिशिष्ट-(अ) मध्ये जोडली असून त्या मार्गदर्शक तत्त्वानुसार सार्वजनिक आरोग्य विभागाच्या अधिपत्याखाली सर्व वैद्यकीय अधिकाऱ्यांनी कार्यवाही करावी अशा सूचना या परिपत्रकान्वये देण्यात येत आहेत. संचालक, आरोग्य सेवा संचालनालय यांनी त्यांच्या अधिपत्याखालील सर्व वैद्यकीय अधिकाऱ्यांच्या कार्यक्षेत्रात घडलेल्या कौटुंबिक हिंसाचारांच्या घटनांसंदर्भात सदरील मार्गदर्शक तत्त्वानुसार वैद्यकीय अधिकाऱ्यांकडून झालेल्या कार्यवाहीबाबतचा अनुपालन अहवाल दर ३ महिन्यांनी घेऊन तो संकलित करून राज्य शासनाच्या सार्वजनिक आरोग्य विभागाकडे पाठवावा, अशा सूचनाही त्यांना याद्वारे देण्यात येत आहेत.

सदर शासन परिपत्रक महाराष्ट्र शासनाच्या www.maharashtra.gov.in या संकेतस्थळावर उपलब्ध करण्यात आला असून त्याचा संकेतांक २०१३०९१२१४५१२५३५१७ असा आहे. हा आदेश डिजीटल स्वाक्षरीने साक्षांकित करून काढण्यात येत आहे.

महाराष्ट्राचे राज्यपाल यांच्या आदेशानुसार व नावाने.

(वि. रा. घडेकर)

उप सचिव, महाराष्ट्र शासन.

प्रत,

१. मा.राज्यपाल यांचे सचिव, राजभवन, मुंबई.
२. मा.मुख्यमंत्री यांचे प्रधान सचिव, मंत्रालय, मुंबई.
३. मा.उपमुख्यमंत्री यांचे सचिव, मंत्रालय, मुंबई.
४. मा.मंत्री, महिला व बालविकास विभाग, मंत्रालय, मुंबई.
५. मा.राज्यमंत्री, महिला व बालविकास विभाग, मंत्रालय, मुंबई.
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७. मुख्य सचिव, महाराष्ट्र राज्य, मुंबई.
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११. सचिव, महाराष्ट्र राज्य समाजकल्याण सल्लागार मंडळ, मुंबई.

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१३. सदस्य सचिव, महाराष्ट्र राज्य महिला आयोग, मुंबई.
१४. व्यवस्थापिक संचालक, महिला आर्थिक विकास महामंडळ, मुंबई.
१५. आयुक्त, एकात्मिक बाल विकास सेवा योजन, रायगड भवन, नवी मुंबई.
१६. आयुक्त, महिला व बाल विकास आयुक्तालय, महाराष्ट्र राज्य, मुंबई.
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१९. संचालक, आरोग्य सेवा, मुंबई.
२०. सर्व अतिरिक्त संचालक, आरोग्य सेवा.
२१. सर्व उप संचालक, आरोग्य सेवा.
२२. सर्व जिल्हा शल्य चिकित्सक.
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२५. निवडनस्ती (आरोग्य ३).

**GUIDELINES TO MEDICAL FACILITIES FOR
IMPLEMENTATION OF PWDV ACT IN
MAHARASHTRA**

**ROLE OF MEDICAL FACILITIES IN IMPLEMENTATION OF PROTECTION
OF WOMEN FROM DOMESTIC VIOLENCE ACT 2005 IN MAHARASHTRA**

The protection of Women From Domestic Violence Act 2005 has identified health care providers as important in the implementation of the Act and has laid upon it certain responsibilities and duties under the Act.

Screening for Domestic Violence :-

It is duty of the medical officer to screen women for Domestic Violence.

Best Practice

Medical offices should routinely probe all cases reported by women. If the place of incident is the home then it is a clear sign of domestic violence.

Women are more likely to disclose abuse if asked sensitively. Asking sensitively includes listen carefully, believe in her, validate her experience. Explain to the woman that violence is illegal and it is not her 'fault'. Tell her the importance of filing a complaint and assure her of confidentiality and support. Privacy and confidentiality must be observed while probing.

Providing Information and Referral (S.5)

Once a case is identified as Domestic Violence it is the duty of the officer to provide information and referrals to the woman.

Information:- The medical Officer is mandated to explain to the woman in a local language about her rights and the procedure to avail of reliefs under the Act.

Referral:- The Officer should then refer the woman to the relevant agencies. The woman should be given an information and referral pamphlet for further action. Please refer to Appendix A for a sample.

Fill FORM-I DIR (S. 9, 10 Rule 5, 17, (3) & FORM-I)

The medical officer is mandated to fill FORM-I (Domestic Incident Report) if the same has not been filled on behalf of the woman. Please refer to Appendix B for a sample FORM-I

The copy of the FORM-I should be distributed as under.

1. One copy of the DIR should be given to the woman.
2. One copy of the DIR should be sent to the Protection Officer within 3 working days
3. One copy of the DIR should be retained with the medical facility for future reference.
4. A register to be maintained of Forms filled and forwarded for easy reference and follow up.

Medical Services and Support:-

The medical officer should provide medical services as under:-

Take a thorough history: The medical profession should record a thorough history of the woman and assess for both current and past histories of violence.

Attend to all injuries:-

Provide free medical services: The woman should be provided all investigation and treatment free of cost and on priority basis.

Therapeutic Care:-

The woman should be provided therapeutic care both in terms of medical treatment and psychosocial support.

Formats for Maintaining Records

Medico Legal Case Register

Wherever MLC registers are available they should identify cases of Domestic Violence in the remarks column as 'DV'. A column should be added to record who has brought/referred the victim to the Medical Facility. The column If injury. Nature Causes of Injury should be amended to include identity of perpetrator, time and place of incident, weapons used if any. (If place of the incident is home or 'residence', it should be presumed to be domestic violence.

No.	Date and Month of Admission	Hour of Admission	Name	Caste	Age	Sex	Brought by	Occupation	Residence Address	If injury, Nature Causes of Injury Relation of perpetrator to victim, time and place of incident, weapon used if any	Initial of Medical officer on Duty	Remarks Identify as DV Victim

Where no MLC Register is available at Grass-root level

Reporting done by health post workers/ ASHA and USHA should reflect cases of domestic violence identified by them in the course of their work. The monthly bulletins of primary health centers should contain information regarding the number of cases identified by primary health workers at the village level.

Attending Local Area Network Meetings

A medical officer from each hospital to attend Taluka/Ward Level Committee meetings organized by the Protection Officer in the Taluka/Ward. The meeting will discuss gaps and challenges faced in the implementation of the Domestic Violence Act and address special high risk cases in the area. Please refer to Appendix C for sample of report the medical officer should submit at these meetings.

Awareness about the Act

Display Boards/Posters:- To be put up at all prominent places. Can also be displayed in female wards or in examination rooms where women spend considerable time, in addition to the OPD, casualty and other such places. Please refer to Appendix D for sample of display board.

Community Awareness Programmes:- Health workers carrying out prevention in the community should conduct awareness programme on Domestic Violence as per prescribed formats.

All awareness material should be produced in consultation with women and child Development, Pune.

Training to Staff

Training should be provided to all staff (Health Professional right down to ASHA's, USHA's and Community Health Post Officers). Training should also be included as curriculum for medical education and service training. Training modules and manuals should be developed in consultation with Women and Child Development, Pune. Master trainers should be developed to deliver these training.

The topics of training should include:-

What is domestic violence? How domestic violence impacts women

What are the reliefs under PWDV Act

How to conduct Screening/Importance of psychosocial support/How to provide Support

How to do Documentation and Reporting/fill DIR FORM-I

How to Conduct Awareness Programs.

Appendix A

Information and Referral Pamphlet

कौटुंबिक हिंसाचार

महिलांचा कौटुंबिक हिंसाचारापासून संरक्षण कायदा २००५ ,

<p>शारीरिक हिंसाचार:-</p> <p>इजा किंवा जखम पोचवण्याची धमकी मारल्यामुळे जीवनास धोका किंवा मरण उदाहरणार्थ ,गुद्दे ,मारहाण -बुक्क्यांनी मारणे</p>	<p>शाब्दिक व भावनिक हिंसाचार:-</p> <p>शाब्दिक व भावनिक हिंसाचार उदाबहिष्कार ,नाव ठेवणे . मुलगा न झाल्याबद्दल स्त्रीला ,घालणे दोष देणे इत्यादी</p>
<p>आर्थिक हिंसाचार:-</p> <p>जीवनावश्यक आर्थिक किंवा वित्तीय गरजापासून वंचित ठेवणे सामाजिक घराच्या वापरावर बंदीबं/धन उदास्त्रीच्या हितसंबंधाच्या घरगुती ,अन्न न देणे . स्त्रीच्या इच्छेविरुद्ध तिची ,यांची विल्हेवाट लावणे वस्तु .स्वताची संपत्तीची विल्हेवाट लावणे</p>	<p>लैंगिक अत्याचार:-</p> <p>असे कोणतेही लैंगिक कृत्य ज्यामुळे अपमान वाटतो अथवा ज्यामुळे अधोगती होते. उदाजबरदस्ती . संभोग अश्लिल चित्र दाखवणे व तसे कृत्य करण्यास भाग पाडणे लहान , .मुलांचे लैंगिक शोषण</p>

कौटुंबिक हिंसाचार कायद्यांतर्गत मिळणारे आदेशाधिकार/

संरक्षण आदेश

- १) कोणत्याही प्रकारची घरगुती हिंसा किंवा संपर्क साधण्यापासून प्रतिबंध
- २) कामाच्या ठिकाणी व मुलांच्या शाळामध्ये प्रवेश करण्यापासून प्रतिबंध
- ३) संपत्ती विकणे व बँक खाती अथवा बँक लॉकर वापरण्यावर तसे स्त्रीधनाची विल्हेवाट वर प्रतिबंध

आर्थिक मदत

- १) पोटगी व वैद्यकीय खर्च

निवासाचा अधिकार

- १) महिलेला सामाजिक घरामधून बाहेर काढण्यापासून परावृत्त करणे
- २) घराच्या ठराविक ठिकाणी येण्यापासून मज्जाव करणे
- ३) सामाजिक घर विकणे किंवा ट्रान्सफर करण्यापासून प्रतिबंध
- ४) पर्याय घर किंवा घराचे भाडे देणे

नुकसान भरपाई

- १) घरगुती हिंसमुळे इजा झालेल्या अपायासाठी भरपाई देणे (शारीरिक व मानसिक)

मुलांचा ताबा

- १) तात्पुरत्या स्वरूपाचा मुलांचा ताबा महिलेस देणे

Appendix B

FORM-I

Domestic Incidence Report under section 9 (b) and 37 (2) (c) of the Protection of Women from Domestic Violence Act, 2005 (45 of 2005)

[See Rule 5 (1) and (2) and 17 (3)]

1. Details of the complaint/aggrieved person:

1)

1) Name _____ of _____ the _____ complaint/aggrieved person _____

2) Age:- _____

3) Address _____ of _____ the _____ shared _____ household:- _____

4) Present _____ Address:- _____

5) Phone _____ Number:- _____

6) Occupation _____ :- _____

2. Details of Respondent :-

Sr. No.	Name	Age	Relationship with Complainant	Occupation

Please write Present Address and Contact Number of each Respondent

1) Address:- _____

_____ Phone _____

No. _____

2) Address:- _____

_____ Phone _____

No. _____

3) Address:- _____

_____ Phone _____

No. _____

2)

3. Details of Children, if any, of the aggrieved person:-

Sr. No.	Name	Age	Sex	Residing with

4.

5. Incidents of Domestic Violence:-

Date & Time of Violence	Place of Violence	Person who caused violence(Respondent)	Type of Violence (Use attached list of reference)	Remark

(For additional details use extra sheet)

(Signature or thumb impression
of the Complainant/Aggrieved person)

List of Documents (Please refer to attached sheet for list of documents. You will need to attach these documents to your form)

Sr. No.	Name of Document	Date of Document	Remarks

6. Order that you need under the Protection of Women from Domestic Violence Act.

3)

Protection order under Section 18
Residence order under Section 19
Maintenance order under Section 20
Custody order under Section 21
Compensation order under Section 22
Any other order (specify)

7. Additional Assistance Required

4)

- 5) Counsellor
- 6) Police assistance
- 7) Assistance for initiating criminal proceedings

- 8) Shelter home
- 9) Medical facilities
- 10) Legal aid
- 11)
- 12)

Place:

Date:

(Counter Signature of
Protection Officer/Service Provider

Name:-

Address:-

(Seal)

Copy forwarded to:-

- 1. Local Police Station
- 2. Service Provider/Protection Officer
- 3. Aggrieved person
- 4. Magistrate

TYPE OF VIOLENCE

<p>Physical Violence Causing hurt of any kind</p> <p>Verbal and Emotional Abuse Accusation/aspersion on your character or conduct, etc. Insult for not bringing Dowry etc. Insult for not having a male child. Insult for not having any child. Demeaning, humiliating or undermining remarks/statement. Ridicule Name calling Forcing you to not attend school, college or any other educational institution. Preventing you from leaving the House. Preventing you from meeting any particular person. Forcing you to get married against your will. Preventing you from marrying a person of your choice. Forcing you to marry a person of his/their own choice. Any other verbal or emotional abuse. Please Specify.</p> <p>Dowry related harassment Demands for dowry made, please specify. Any other harassment with regard to dowry, please specify.</p>	<p>Sexual Violence Forced sexual intercourse Forced to watch pornography or other obscene material Forcibly using you to entertain others Any other act of sexual nature violative of your dignity. Please specify details.</p> <p>Economic Violence Not providing money for maintaining, you or your children. Not providing food, clothes, medicine, etc., for you or your children. Forcing you out of the house you live in. Preventing you from accessing or using any part of the house. Preventing or obstructing you from carrying on your employment. Not allowing you to take up an employment. Non-payment of rent in case of a rented accommodation. Not allowing you to use clothes or articles of general household use. Selling or pawning your stridhan or any other valuables without informing you and without your consent. Forcibly taking away your salary, income or wages etc. Disposing your stridhan. Non-payment of bills such as electricity, etc. Any other economic violence. Please specify.</p>
--	--

Any other information regarding acts of domestic violence against you or your children.

Instructions to Police Officer assisting in registration of a Domestic Incident Report:-

Wherever the information provided in this Form discloses an offence under the Indian Penal Code or any other law, the police officer shall

- (a) inform the aggrieved person that she can also initiate criminal proceedings by lodging a First Information Report under the Code of Criminal Procedure, 1973 (2 of 1974).

- (b) If the aggrieved person does not want to initiate criminal proceedings, then make daily dairy entry as per the information contained in the domestic incident report with a remark that the aggrieved person due to the intimate nature of the relationship with the accused wants to pursue the civil remedies for protection against domestic violence and has requested that on the basis of the information received by her, the matter has been kept pending for appropriate enquiry before registration of an FIR.
- (c) If any physical injury or pain being reported by the aggrieved person, offer immediate medical assistance and get the aggrieved person medically examined.

LIST OF DOCUMENTS

Proof of Living Together

Formal Proof

If the marriage is registered, marriage

certificate

If not registered, marriage photograph or invitation card

Informal Proof

Photographs together as a couple
pass book or bank statements of joint accounts Ration Card, Election Card with the names of both parties

Name on birth certificates of children

Land Records under sections 7/12 of the Land Revenue code, i.e., *Saat/Bara Utara*

Testimony of relatives and friends.

Bank Pass Book which proves joint residence.

Joint ownership of the matrimonial home.

Joint rental or leave and license agreement of the matrimonial home

Establishing Violence

Police Complaints-NCs/FIRs

Doctor's certificate or any other prescription related to the violence

Proceedings initiated against the husband in another court

Documents from a crisis intervention agency which had intervened

Letters written by her, her husband or her family and friends mentioning cruelty.

Photographs of violence

List of dowry items, stridhan in the possession of the Respondent

Other Details to establish husband's spending habits and standard of living:

Bank account statements/passbooks, etc.

Name of the bank, account number and branch

Credit Card Statements

Passport or travel tickets

Income tax returns

Dinner/shopping bills

Property documents

Leave Licence or Rental Agreements

Information about any joint family property

where the husband has a share

Land records under 7/12 of the Land Revenue Code, i.e., *Saat/Bara Utara*

Establishing Husband Income

Salaried Persons

Salary Statement

Official visiting card

Office address

Self Employed Persons

Proof of his business

Electricity Bill

Business visiting card

Letter heads, etc.

Photographs of business premises

Appendix C

Report to be submitted at Local Area Network Meetings

Hospital Name:-

District/Taluka/Ward:

Report on DV cases

Month	No of Cases Identified as DV in MLC	No of Cases Ref by PO	No of Women given information. FORM-IV	No of FORM-I (DIR) Filled

Report of DV training conducted for staff

Date:- Ex. 17th May 2012

Area:- Taluka/Ward and Local Area Name

Format Used:- Lecture, Panel Discussion, Competition, Street Play, Film,

Others

No. of Staff Attended:- (name, designation and contact number of staff)

Speakers:- (name, organization and contact number)

Comments:-

A report of awareness initiatives conducted

Format for writing reports

Date:- Ex. 17th May 2012

Area:- Taluka/Ward and Local Area Name

Format Used:- Lecture, Panel Discussion, Competition, Street Play, Film,

Others

No. of Staff Attended:- (name, designation and contact number of staff)

Speakers:- (name, organization and contact number)

Comments:-

Appendix D

Format of Display Boards/Posters

**Are you a victim of Domestic Violence?
Do not suffer in silenceseek help.**

The Government has appointed Protection Officers in every Taluka to help you.

The Domestic Violence Act gives you the following reliefs- Protection from violence, Maintenance, Right to residence, custody of your children and compensation.

Contact the Medical Officer to know more about your rights.

Victims of Domestic Violence are eligible to free medical aid and treatment on a priority basis.

Please keep a copy of your medical examination report, Domestic Incidence Report and the address of the Protection Officer of your area.

Protection of Women from Domestic Violence Act 2005

**GUIDELINES TO MEDICAL FACILITIES FOR
IMPLEMENTATION OF PWDV ACT IN
MAHARASHTRA**

Domestic Violence is a serious Concern for Healthcare Providers

Domestic violence, apart from being a human rights issue, has also been recognized as a health concerns by WHO in 1993. A study conducted by UNIFEM in 2003 stated that at least one out of every three women had been beaten or abused in their lifetime. Study by WHO in 2005 found that one in six women are victims of Domestic Violence.

Many studies have concluded that domestic violence has resulted in fatal and non-fatal outcomes. Research further indicates that there is a close association between domestic violence during pregnancy and fetal/infant mortality, developmental abnormalities and maternal mortality. Also violence has deep impact on women's mental and emotional health, wearing away their self esteem and leading to a variety of mental health problems that can sometimes even lead to suicide.

WHO has issued a set of guidelines outlining the ethical responsibility of doctors and other health care provider in responding to survivors of violence. If the problem of domestic violence is addressed by health care providers, it will considerably reduce the strain on health services as women approach the health care system repeatedly for injuries and health problems caused by domestic violence. This makes it imperative for the health care system to address domestic violence as a serious health concern which warrants immediate attention.

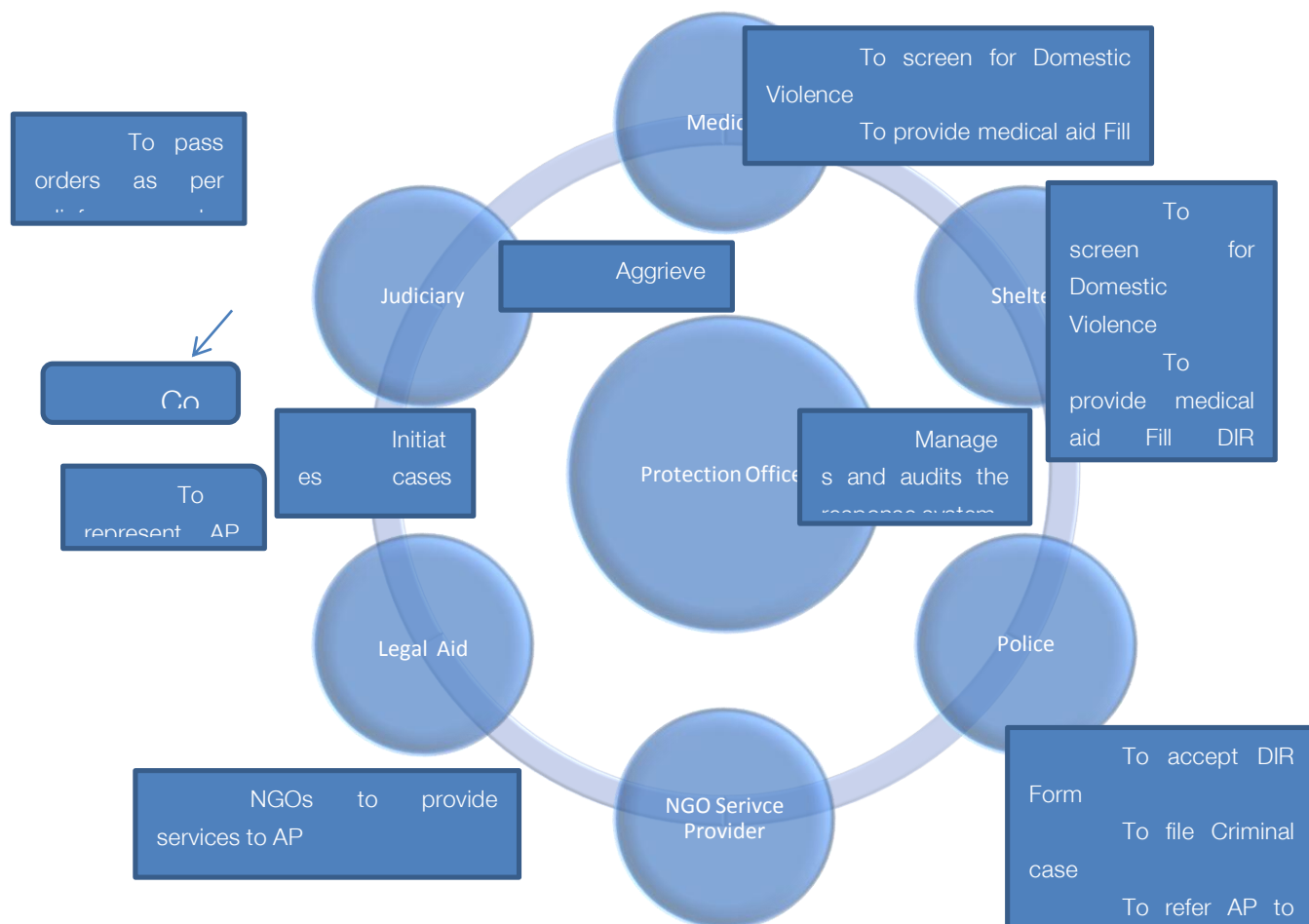
Health professional have an ethical obligation to attend to health concerns of the aggrieved woman. Care in hospitals should not only include treatment of physical injuries but also provision of psychosocial care, identification of foot cause of ill health and referral to appropriate agencies.

Generally women approach health facility to take treatment for their health complaints and injuries caused by domestic violence. Health professionals are hence in a strategic position to reach out to women facing violence. Early identification of women facing violence and appropriate intervention can prevent further severe health consequences that she may face if she continues to be abused. Also women tend to have immense faith in health professional and are more likely to reveal their problems to them as they see them as non-threatening. They can approach them without arousing the suspicion of abuser or relatives. Also vital documentation of health complaints resulting from violence can be created which stands as evidence in courts, if woman decides to take legal course.

The Protection Of Women From Domestic Violence Act 2005 has identified health care providers as important stakeholders in the implementation of the Act and has laid upon it certain responsibilities and duties under the Act.

Agencies of help a woman

Protection Of Women From Domestic Violence Act 2005 has built in mechanism for implementation and to provide support and assistance to women victims. Both Government and Non-Government organizations are appointed or designated under the Act as implementing agencies.



Role of Medical Facilities as per Protection Of Women From Domestic Violence Act, 2005 and Rules, 2006

PWDV Act, 2005, S. 2 (j)

Medical facility means such facility as may be notified by State Government to be a medical facility for the purpose of this Act.

PWDV Act, 2005, S. 7

Duties of medical facilities - If an aggrieved person or, on her behalf a Protection Officer or a service provider requests the person in charge of a medical facility to provide any medical aid to her, such person in charge of the medical facility shall provide medical aid to the aggrieved person in the medical facility. ('Aid' implies free services)

PWDV Rules, 2006, S. 17

The Aggrieved Person or the Protection Office or the Service Provider may make a request under S. 7 to a person in charge of a medical facility in writing clearly stating that the application is being made under S. 7, PWDVA, 2005.

1. When a PO makes such a request it shall be accompanied by a copy of the Domestic Incident Report, Provided that the medical facility shall not refuse medical assistance to an aggrieved person under the Act for not having lodged a domestic incident report prior to making a request for medical assistance or examination to a medical facility.
2. If no DIR has been made, the person in charge of the medical facility shall fill in FORM-I and forward the same to the local protection officer.
3. The medical facility shall supply a copy of the medical examination report and DIR (FORM-I) to the aggrieved person free of cost.

Best Practices

Therapeutic care

The 'Aggrieved Woman' should be provided therapeutic care both in terms of medical treatment and psychosocial support.

Free Medical Services

The 'Aggrieved Woman' should be provided all investigation and treatment FREE OF COST and on PRIORITY BASIS in all Central, State or Municipal Corporation medical facilities. (MCGM GR).

Social Workers at Hospitals

Hospital should appoint/designate social workers to provide information to the woman about her rights as given in FORM-IV in a local language. These social workers can also accompany her to access other services available (Protection Officer/Shelter Home/Police etc.).

Public Medical Facilities in the State of Maharashtra

In Maharashtra, State, Central and Municipal Corporation health services are notified as Medical Facilities. They are required to help victims of domestic at their Primary, Secondary and Tertiary health services.

- 1) Government and Municipal Corporation Medical College Hospitals.
- 2) District Civil Hospitals.
- 3) District women Hospitals.
- 4) Sub District Hospitals.
- 5) Rural Hospitals.
- 6) Police Hospitals having adequate infrastructure.
- 7) Municipal Hospitals having adequate infrastructure.
- 8) ESIS and ESIC Hospitals having adequate infrastructure.
- 9) Private Medical College Hospitals authorized by Government.
- 10) Central Government, Trust, Private multi-specialty, Hospitals having adequate infrastructure and authorized by Government.
- 11) About 3 to 5 upgraded Primary Health Centers in every District.

	PRIMARY	SECONDARY	TERTIARY
MUNICIPAL	Maternity Hospitals, Dispensaries, Health Post Workers for Preventive	Peripheral Hospitals	Medical College Hospital
STATE	Primary Health Centre-1800 (397 are 24x7), PHC Sub Centre 10,500 ASHA &	District Hospitals -23 Rural Hospitals - Sub District Hospitals -84 Women Hospitals -9	Super Specialty Hospitals

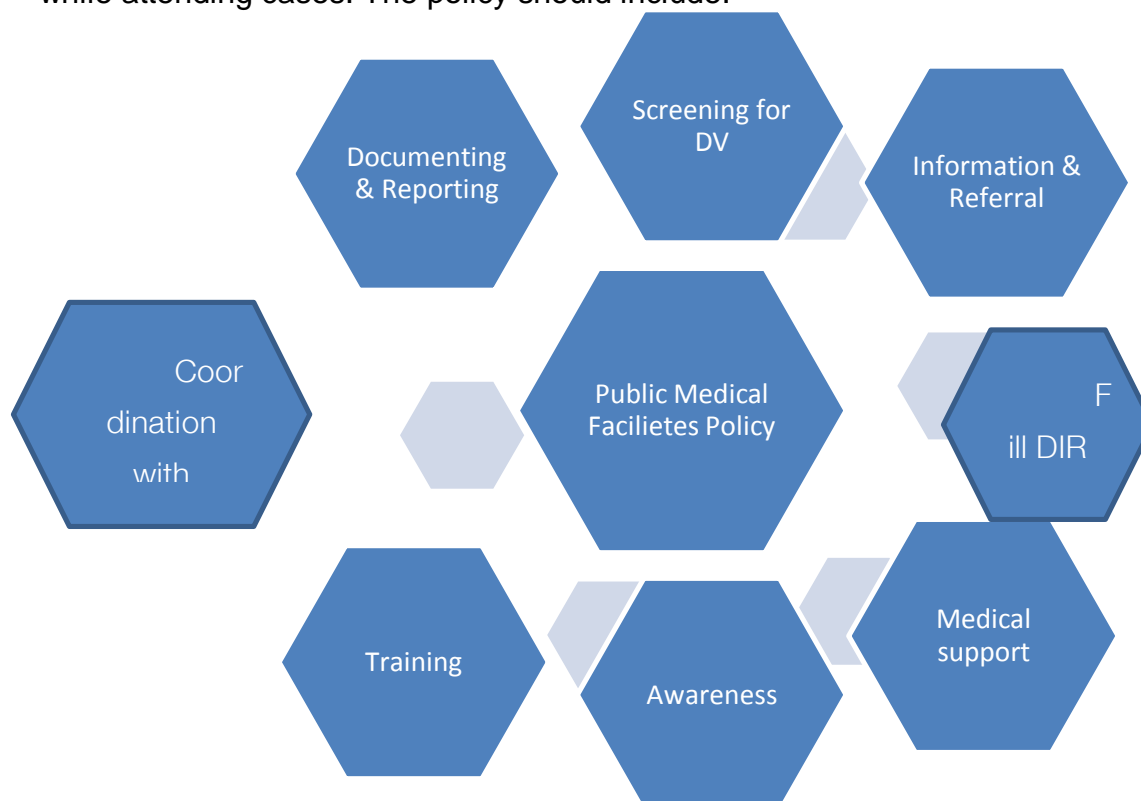
	USHA	Mentally Deficient -	
CENTR		BARC, ESIS, Buys beds in	
AL		Private Hospitals	

Proposed Guidelines for Medical Facilities

Policy on Domestic Violence

The policy should be binding on all Public Medical Health Facilities (including Central, State and Municipal Corporation).

The policy should include - Mandate, guidelines, protocols, procedures to be followed, accountability and action that will be taken against dereliction of duties. These should be applicable to all primary, secondary and tertiary medical facilities while attending cases. The policy should include.



Screening for Domestic Violence

Screening is of utmost importance to identify domestic violence. It is the duty of the medical officer to screen women for Domestic Violence. Identifying women as Domestic Violence victims will help guide her appropriately to seek further reliefs from DV Act.

Best Practice

Medical Officers should routinely probe all cases reported by women. Women are more likely to disclose abuse if asked sensitively. Asking sensitively includes - listen carefully, believe in her, validate her experience. Explain to the woman that violence is illegal and it is not her 'fault'. The importance of filing a complaint and assure her of confidentiality and support. Privacy and confidentiality must be observed while probing. **If the place of incident is the home then it is a clear sign of domestic violence.**

Screening Questions (Example)

Direct: Because violence is so common in women's lives we have to ask this question - have you been slapped, kicked, punched, assaulted with a weapon by someone in your home?

Indirect: Your injuries do not look like they are accidental - is there someone in your home who has caused them.

Providing Information and Referral

Once a case is identified as Domestic Violence it is the duty of the officer to provide information and referrals to the woman.

Information: - The Officer is mandated to explain to the woman in a local language [S. 5] about her rights and the procedure to avail of reliefs under the Act. Please refer to Appendix FORM-IV on how information should be provided to the woman.

That violence is illegal and it is not her 'fault'.

The importance of filing a complaint.

Assure her of confidentiality and support.

Inform her of her rights and the procedure to avail of reliefs (FORM-IV) under the Act.

Inform her of the availability of services like Protection Officers, Police, Medical Facility, Shelter Home and Service Provider.

Inform her of her right to free legal services (Legal Services Authorities Act, 1987 (39 of 1987)).

Inform her of her right to file a complaint under section 498 (A) of the Indian Penal Code (45 of 1860), wherever relevant.

Referral: The Officer should then refer the woman to the relevant agencies. The woman should be given an information and referral pamphlet for further action (as provided by the Protection Officer).

Fill DIR Form [Section 9, 10 Rule 5, 17 (3) & FORM-I].

When a woman approaches the Medical Facility with a complaint of Domestic Violence and if no DIR has been filled, it is mandatory for them fill the DIR.

Medical Facility (Mandatory)	=>	Protection Officer
Within 3 working days send to		

One copy of the DIR should be given to the woman.

One copy of the DIR should be retained with the agency for future reference.

A register should be maintained of DIR filled and forwarded so as to follow up the status of cases.

Appendix C has a sample DIR.

Medical Support

Take a thorough history: The medical profession should record a thorough history of the woman and assess for both current and past histories of violence.

Attend to all injuries: The woman should be provided all investigation and treatment free of cost and on priority basis.

Therapeutic care: The woman should be provided therapeutic care both in terms of medical treatment and psychosocial support.

Do not conduct Mediation / Settlement Meetings

[S. 14] states that only the Magistrate by way or an order can direct the respondent or the aggrieved person, either singly or jointly, to undergo counseling. No other agency can initiate medication/settlement process without an order of the court.

Best Practice

Social Workers at Hospitals

It is commonly observed that women find it difficult to access services as they are intimidated by large formidable agencies. It is suggested that hospitals should appoint/designate a 'Social Worker' to assist victims of Domestic Violence.

When a woman is identified as a victim of domestic violence. The health professional should refer her to the Social Worker.

The Social Worker should be responsible to provide information to the woman about her rights as given in FORM-IV in a local language and to fill the DIR Form.

The Social Worker should accompany the woman to access other services available.

Awareness about the Act

Role to be performed by Protection Officer, Police, Medical Facility, Shelter Home, Service Provider, Legal Aid.

All agencies are responsible to create awareness about the Act.

Displays, Pamphlets and Awareness Programme formats should be produced in consultation with Woman and Child Development, Pune.

Some examples of awareness tools to be used are:

Display Boards/Posters: To be up at all prominent places at each agency. To be put up at Central, State and Municipal Corporation in their primary, secondary and tertiary medical facilities. Can also be displayed in female wards or in examination rooms where women spend considerable time, in addition to the OPD, Casualty and other such places.

Pamphlets: A pamphlet in local language with information about women's rights under PWDV on one side and contacts of all agencies in the local area to be distributed at all women.

Community should conduct awareness Programmes: Helath workers carrying out preventive work in the community should conduct awareness programme on Domestic Violence as per prescribed formats.

Include PWDV awareness in all initiatives: The Central, State and Municipal corporation health facilities should include a section on provision of PWDVA in all awareness initiated by them.

Awareness about the Policy: All Central, State and Municipal Corporation communication to include policy on Domestic Violence and display it at all relevant places including the print and electronic media and the website.

Format of Display Boards/Posters:

Are you a victim of Domestic Violence?

Do not suffer in silence ... seek help.

As per The Protection of Women From Domestic Violence Act 2005, the

Government has appointed Protection Officers in every Taluka to help you.

The Domestic Violence Act gives you the following relief - Protection from violence, Maintenance, Right to residence, custody of your children and compensation

Contact the registration desk/officer in charge and they will inform you about your rights.

Victims of Domestic Violence who have recorded a Domestic Incident Report (DIR FORM) by a Protection Officer/Service Provider/Shelter Home or Medical Officer are eligible to free medical aid and treatment on a priority basis.

Do not forget to collect a copy of your medical examination report, Domestic Incidence Report and the address of the Protection Officer of your area from the concerned Officer.

Training to Staff

Training should be provided to all staff so that they are able to perform their role and duties under the Act efficiently. Training modules and manuals should be developed in consultation with Women and Child Development, Pune. Master trainers should be developed to deliver these training.

The topics of training should include:

What is domestic violence?/How domestic violence impacts women.

What are the reliefs under PWDV Act.

How to conduct Screening/Importance of psychosocial support/How to provide Support.

How to do Documentation and Reporting / fill DIR FORM-I.

How to Conduct Awareness Programs.

Agencies Responsible for Training

Director of Health Services: All Health Professional right down to ASHAs, USHAs and Community Health Post Officers. Also to be included as curriculum for medical education and service training.

Sending reports to Protection Officers

Hospital Name:-

District/Taluka/Ward:

Month	No of Cases Identified as DV in MLC	No. of Cases Ref by PO	No. of Women given information. FORM-IV	No. of FORM-I (DIR) Filled

Names of personnel appointed / designated to help a victim the woman access services should be updated each month.

A report of training conducted by the agency for its staff should be provided.

A report of awareness initiatives conducted by the agency.

Attending Local Area Network Meetings

A senior representative from each hospital to attend Taluka/Ward Level Committee meetings organized by the Protection Officer in the Taluka/Ward. The meeting will discuss gaps and challenges faced in the implementation of the Act and address special high risk cases in the area.

Formats for maintaining Records

Medico Legal Case Register

Wherever MLC registers are available they should identify cases of Domestic Violence in the remarks column as 'DV CASE'. A column should be added to record who has brought/referred the victim to the Medical Facility. The column if injury, Nature Causes of Injury should be amended to include **identity of perpetrator, time and place of incident, weapons used if any**. If place of the incident is 'home' or 'residence', it should be presumed to be domestic violence.

Sl. No.	Date and Month of Admission	Name of Admitter	Name of Patient	Age	Sex	Brought by	Occupation	Residence Address	If injury, Nature Causes of Injury Relation of perpetrator to victim, time and place of incident, weapon used if any	Initial of Medical officer on Duty	Remarks Identify as DV Victim
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Where no MLC Register is available at Grass-root level

Reporting done by health post workers/ ASHA and USHA should reflect cases of domestic violence identified by them in the course of their work. The monthly bulletins of primary health centers should contain information regarding the number of cases identified by primary health workers at the village level.

Appendix A

Consultation to Discuss these Guidelines

Women and Child Commissioner and Majlis Legal Centre organized a consultation with health professionals and NGOs to discuss guidelines and protocols to Health Care Providers under the PWDV Act. The meeting was held on 3rd October, 2012 at Manava Seva Sangh, Mumbai. The list of participants is given below.

Name and Designation

Dr. P. G. Darshane, Assistant Director (Jr. Director Hospital), Public Health Department, Directorate of Health Services.

Dr. Seema Mallik, Chief Medical Superintendent, Peripheral Hospitals, Brihanmumbai, Municipal Corporation Hospitals.

Shri. J. B. Girase, District WCD Officer, Mumbai City.

Adv. Flavia Agnes, Director, Majlis Legal Centre, Mumbai.

Dr. Devendra Shirole, Psychiatrist, (Vice President Indian Medical Association)

Dr. Kamakshi Bhate, PSM Department KEM Hospital. Savitribai Phule Gender Resource Centre.

Dr. Padmaja Samant, Gynologist, KEM Hospital, Women's Health Centre.

Ms. Padma Deosthali & Ms. Ujwala Kadrekar CEHAT, Mumbai.

Ms. Shakuntala, Tathapi, Pune.

Shri. Nandkishore Dahale, DPO, WCD, Commissionarate Office, Pune.

Adv. Pooja Kute, Coordinator, MOHIM Cell, Pune.

Ms. Audrey D'mello, Coordinator, MOHIM Cell, Pune.

Adv. Reshma Vidhate, MOHIM Cell, Pune.

Ms. Anisha Thomas, Social Worker.

Mr. Harshad Karade, Consultant for creation of MIS.

The following participants were invited but could not attend.

Dr. Archana Patil, tr. Director, Public Health Department, Directorate of Health Services.

Dr. Satish Pawar, Jt. Director, National Rural Health Mission.

Appendix B

Mandate under the Act for Women and Child Department to Issue Guidelines

These guidelines have been issued as per **Section 11 Duties of Government**

The Central Government and every State Government, shall take measures to ensure that

- (a) xxx
- (b) xxx
- (c) effective co-ordination between the services provided by concerned Ministries and Departments dealing with law, home affairs including law and order, health and human resources to address issues of domestic violence is established and periodical review of the same is conducted;
- (d) protocols for the various Ministries concerned with the delivery of services to women and this Act including the courts are prepared and put in place.

The Commissionerate, Women and Child Department (WCD), Government of Maharashtra, Pune is the designated Nodal Agency for monitoring the effective implementation of Protection of Women from Domestic Violence Act, 2005 (PWDVA) in the State of Maharashtra.

The Commissionerate, Women and Child Department, Pune and Majlis Legal Centre (an NGO and Public Trust working for women's rights in Maharashtra) have entered into a collaboration to ensure effective implementation of the PWDV Act within the State of Maharashtra. The cell will train, guide, supervise and monitor the work of all stake holders who are appointed or designated under the said Act.